



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Maurer, Scott

Application No.: 09/337,243

Filed: 06/22/1999

For: ARCHITECTURAL MOLDING

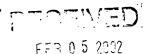
Group No.: 3635

Examiner: Safavi, F.

Assistant Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.



STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 12-13-01

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature

John D. Delong

(type or print name of person certifying)

(Amendment Transmittal--page 1 of 2)

4. Documents Enclosed

- A. Supplemental Amendment
- B. Supplemental Information Disclosure Statement

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

	(Col. 1) Claims Remaining After Amendment		(Col. 2) (Col. 3) SMALL ENTITY				
·			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	49	Minus	48	=	x \$9 =	\$9	
Indep.	6	Minus	6	= 0	x \$42 =	\$0	
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0	<u></u>
					Total Addit. Fee	\$9	

Total additional fee for claims required \$9.00

FEE PAYMENT

Attached is a check in the sum of \$9.00. 5.

FEE DEFICIENCY

If any additional extension and/or fee is required, charge Account No. 15-0450. 6. If any additional fee for claims is required, charge Account No. 15

Date: 12-13-01

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Signature of Practitioner

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